



Missouri Pharmacy Program – Preferred Drug List



Beta Adrenergic Agents – Nebulized

Effective 12/24/2012

Revised 07/09/2015

Preferred Agents

- Albuterol Sulfate
- Albuterol Sulfate (low-dose)

Non-Preferred Agents

- Levalbuterol Solution
- Xopenex®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none">• Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents<ul style="list-style-type: none">○ Documented trial period for preferred agents○ Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none">• Documented compliance on current therapy regimen<ul style="list-style-type: none">○ Compliance piece to review over 6 months	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030